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GlaxoSmithKline

To Attn: Examiner Michael A. Brown, Group 3764

Company USPTO

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Date August 8, 2005 Pages including cover 13

Subject Response to Official Action

GlaxoSmithKline
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709

Tel: 919 483 2100
www.gsk.com

Re: Application of Michael Birsha DAVIES
U.S. Serial No.: 09/914,999 Filed: November 13, 2001
Title: *Dose Protector for Inhalation Device*
Attorney Docket No. PG3619USw

Attached:

1. Transmittal Form with Certificate of Transmission/Mailing
2. Fee Transmittal (in duplicate)
3. Amendment with Request for Extension of Time (9 pages)

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NO. 7704 P. 2

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Doc

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/914,999

Filing Date

November 13, 2001

First Named Inventor

Michael Birsha DAVIES

Art Unit

3764

Examiner Name

Brown, Michael A.

Attorney Docket Number

PG3619USw

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form☐ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/ Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

GLAXOSMITHKLINE

Signature

Printed name

James P. Rick
Telephone: (919)483-8022

Date

August 8, 2005

Reg. No.

39,009

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Signature

Marjorie J. Pfeiffer

Typed or printed name

Marjorie J. Pfeiffer

Date

August 8, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Doc Code:

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PTO/SB/17 (12-04v2)

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Approved for use through 07/31/2008. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEEffective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$50.00

Complete if Known

Application Number	09/914,999
Filing Date	November 13, 2001
First Named Inventor	Michael Birsha DAVIES
Examiner Name	Brown, Michael A.
Art Unit	3764
Attorney Docket No.	PG3619USw

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Deposit Account Number: 07-1392 Deposit Account Name: GLAXOSMITHKLINE

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each Independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
31 - 20 or HP = 1	x	\$50.00	\$50.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = 1	x	\$200.00	\$0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50	0	\$250.00	\$0.00

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	39,009	Telephone	(919)483-8022
Name (Print/Type)	James P. Rick	Date	August 8, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 08 2005

Applicant : DAVIES, Michael B.
Application No. : 09/914,999
Filed : 11/13/2001
Title : DOSE PROTECTOR FOR INHALATION DEVICE

Grp./A.U. : 3764
Examiner : BROWN, Michael A.

Docket No. : PG3619USW

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT C

This Amendment is in response to the Office Action dated 9 February 2005, for which the period for response expired on 9 May 2005. Applicant hereby requests a Three (3) Month Extension of Time to extend the response period up to and including 9 August 2005. Please charge Deposit Account No. 07-1392 in the amount of \$1020.00, or such amount currently required for such extension."

Amendments to the Claims appear on page 2 of this document.

Remarks appear on page 7 of this document.

Please amend the above mentioned application as follows:

08/09/2005 SFELEKE1 00000022 071392 09914999
01 FC:1202 50.00 DA

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